

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name U.S. Chamber of Commerce

(b) Address (number and street) ☐ check if different than previously reported

1615 H Street, NW

(c) City, State and ZIP Code

Washington, DC 20062

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C30001101

3. Is This Statement

☐ New

or

☒ Amended

4. Covering Period

08' 22' 2008

through

09' 23' 2008

5. (a) Date of Public Distribution(s)

09' 23' 2008

(b) Communication Title

Laudrien - Healthcare

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐

No ☐

8. Custodian of Records

(a) Name Rob Engstrom

(b) Address (number and street)

1615 H Street, NW

(c) City, State and ZIP Code

Washington, DC 20062

(d) Name of Employer or Principal Place of Business

(e) Occupation

U.S. Chamber of Commerce

Vice President

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

325,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Rob Engstrom

SIGNATURE

[Signature]

DATE

10/7

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. § 437g.

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